## AMENDED IN SENATE JUNE 29, 2002 AMENDED IN ASSEMBLY MAY 23, 2002 AMENDED IN ASSEMBLY APRIL 30, 2002

CALIFORNIA LEGISLATURE-2001-02 REGULAR SESSION

## ASSEMBLY BILL

No. 1807

Introduced by Assembly Members Richman and Thomson (Coauthors: Assembly Members Alquist, Chan, Goldberg, Koretz, Negrete McLeod, and Strom-Martin)

January 16, 2002

An act to add Section 100133 to the Health and Safety Code, relating to health services.

## LEGISLATIVE COUNSEL'S DIGEST

AB 1807, as amended, Richman. Medi-Cal: Healthy Families Program: temporary qualification: accelerated enrollment.

Existing law establishes the Medi-Cal program under which qualified low-income persons are provided health care services. The Medi-Cal program is funded by state and federal funds and administered by the State Department of Health Services.

Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision services to eligible children pursuant to a federal program entitled the State Children's Health Insurance Program.

This bill would require the department to develop a joint application form for the temporary qualification and accelerated enrollment of a child in the Healthy Families Program and the Medi-Cal program. The AB 1807 — 2 —

bill would require that a health care provider, as defined, be reimbursed for services, and a pharmacy be reimbursed for prescribed drugs, provided to a temporarily qualified child under these provisions.

The bill would specify requirements of a health care provider providing services under these provisions.

By modifying the eligibility determination process under the Medi-Cal program, this bill would increase the responsibilities of counties in the administration of the Medi-Cal program, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 100133 is added to the Health and 2 Safety Code, to read:
- Safety Code, to read:
  100133. (a) It is the intent of the Legislature in enacting this
- section to enable a health care provider to be reimbursed for medical care, and a pharmacy to be reimbursed for prescribed
- 6 drugs, provided to children who have been screened, and based
- 7 upon initial declarations of income and other information, have
- 8 been temporarily qualified, for the Healthy Families Program or
- 9 the Medi-Cal program, as a part of an accelerated enrollment 10 process.
- 11 (b) (1) The department shall develop a one-page form for joint 12 application to the Medi-Cal program and the Healthy Families
- 13 Program for a child to receive services pursuant to this section
- based on a child's presumptive eligibility. The department may

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utilize the existing Child Health and Disability Prevention Program form to fulfill the one-page form requirement.

- (2) The form department or participating provider shall require the applicant to provide all of the following information:
  - (A) The child's name, address, and telephone number.
  - (B) The name of the child's parent or guardian.
  - (C) The parent or guardian's income level.

- (D) With regard to anyone else in the child's household who has income, their name, income level, and relationship to the child.
- (E) If the application is to be submitted to the Medi-Cal program, the social security numbers of the child and his or her parent or guardian.
- (F) Whether the child has enrolled pursuant to this section within the last 12 months.
- (3) The form shall state that an application for full participation in either the Medi-Cal program or the Healthy Families Program, or both, must be completed on the child's behalf within 60 days after the date the form is submitted to a health care provider.
- (c) An applicant who elects, on behalf of a child, to enroll pursuant to this section shall complete the one-page form and submit the form to a health care provider. The applicant shall provide written consent authorizing providers to forward the one-page form to the qualifying entity. Providers may not forward the form prior to obtaining the applicant's written consent.
- (d) (1) If the form described in subdivision (b) has been completed and declares an income that meets the appropriate qualifying level for the child's participation in the Healthy Families Program or the Medi-Cal program, a health care provider shall be reimbursed for services, and a pharmacy shall be reimbursed for prescribed drugs, provided to that child. Reimbursement under this section shall be based on rates calculated under the Medi-Cal fee-for-service methodology and shall apply to the time period prior to the time the child is fully enrolled in and found eligible for the Medi-Cal program or Healthy Families Program, but in no case shall it apply beyond the period of eligibility specified in subdivision (e).
- (2) The health care provider or pharmacy who provides services under this section shall submit the one-page form received from the applicant to the single point of entry (SPE), as specified by the department, within five days. The single point of entry shall

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forward the one-page form to either the Medi-Cal program or the Healthy Families Program.

- (3) If a health care provider or pharmacy provides services pursuant to this section, the health care provider or pharmacy shall give the applicant an application for full enrollment in the Healthy Families Program or the Medi-Cal program and information on the availability of application assistance.
- (e) (1) A child who is temporarily qualified for the Healthy Families Program or the Medi-Cal program pursuant to this section shall be eligible for benefits for 60 days.
- (2) A child shall not be temporarily qualified for a program pursuant to this section more than one time during a 12-month period.
- (f) If the Healthy Families Program or a county receives a copy of the one-page form forwarded pursuant to paragraph (2) of subdivision (d), the Healthy Families Program or the county may follow up with the applicant or the child's parent or guardian to seek any additional information that might be required to complete an eligibility determination. If the Healthy Families Program or the county is able to obtain all necessary information sufficient to make an eligibility determination, it is not necessary that a full application be completed on the child's behalf for the child to be fully enrolled in the Healthy Families Program or the Medi-Cal program, whichever is applicable.
- (g) The department shall develop a training program for health care providers and staff in the implementation of the application process authorized under this section.
- (h) The department may adopt utilization controls, including, but not limited to, methods specified in Section 14133 of the Welfare and Institutions Code, to protect the fiscal integrity of the program.
- (i) For purposes of this section, "health care provider" or "pharmacy" means a provider that is enrolled in the Medi-Cal program at the time reimbursement is sought for services provided or is authorized to provide services as a provider under a participating plan pursuant to the Healthy Families Program.

(i)

(j) The department shall include within any statewide electronic application process for enrollment in the Healthy Families Program or the Medi-Cal program, including the

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Health-e-App process, the capacity for establishing a child's presumptive eligibility and initiating enrollment pursuant to this section.

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- (k) This section shall be implemented only to the extent that federal financial participation is obtained and to the extent that funds are appropriated in the Budget Act *or other statute* for this purpose.
- SEC. 2. Notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million dollars (\$1,000,000), reimbursement shall be made from the State Mandates Claims Fund.